Date 03/10/2006

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					Complete if Known					
EU	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006  Supplicant claims small entity status. See 37 CFR 1.27			Application Number 10/007,789						
				Filing Date	1	11/07/2001				
(10)				First Named Inve	entor [	Lee				
				Examiner Name		Cheryl M. Reid				
	V Payplicant claims small entity status. See 37 CFR 1.27			Art Unit	2	2142				
TATE	AL AMOUNT OF PAYN	IENT (\$)	905		Attorney Docket	No. 3	308,972			
•	METHOD OF PAYMENT (check all that apply)									
ľ	Check Credit Card Money Order None Other (please identify):									
	✓ Deposit Account Deposit Account Number: 01-0035 Deposit Account Name: ABELMAN, FRAYNE&SCHWAB									
	For the above-identifi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	Charge fee(s)	indicated belo	Charge	Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments										
	under 37 CFR 1.16 and 1.17  IARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
	information and authorization on PTO-2038.									
	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
	1. BASIC FILING, SEAR	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
*/ •'		FILING F Sr	ヒヒら nall Entity	SEAH	CH FEES Small Entity	EXAM	INATION <u>Sma<b>li</b> I</u>			
	Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (		• •	Fees Paid (\$)	
	Utility	300	150	500	250	200	100		0	
• 2	Design	200	100	100	50	130	65	5	<u> </u>	
,	Plant	200	100	300	150	160	80		0	
	Reissue	300	150	500	250	600	300		0	
•	Provisional	200	100	0	0	0	(	)	0	
	2. EXCESS CLAIM FEES Fee Description						<u>F</u> -	e (\$)	Small Entity Fee (\$)	
	Each claim over 20 (including Reissues)							50	25	
-	Each independent claim over 3 (including Reissues)						200	100		
٤	Multiple dependent claims			360			180			
		Extra Claim		<u> </u>	<u>Paid (\$)</u> ()			ee (\$)	ependent Claims Fee Paid (\$)	
	20 or HP = _ HP = highest number of total		x: if greater than 20.				_	00 (4)	0	
	Indep. Claims	Extra Claim		Fee	Paid (\$)					
	3 - 3 or HP = _	0 endent claims	_X=	= in 3.						
	3 APPLICATION SIZE F	HP = highest number of independent claims paid for, if greater than 3.								
	If the specification and	drawings ex	per (excluding e	lectroni	cally file	d seque	ence or computer			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each ad									each additional 50	
	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 50 - 100 = 0 / 50 = 0 (round up to a whole number) x = 0  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Three Month Extension \$ 510; RCE fee \$ 395									
	SUBMITTED BY				Di distanti Ma					
- [:	Signature	2	7	_	Registration No. (Attorney/Agent)	6,223		Telepho	one 212-949-9022	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Anthony J. Natoli